



**BOARD OF DENTAL EXAMINERS OF ALABAMA**  
Stadium Parkway Office Center-Suite 112  
5346 Stadium Trace Parkway  
Hoover, Al 35244-4583  
PHONE 205-985-7267  
FAX 205-985-0674  
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## Information Regarding Dental Hygiene Licensure by Regional Examination for Out of State Applicants

Thank you for your interest in Licensure by Regional Exam in the State of Alabama. The requirement for this method of licensure is having passed a regional exam within the last five years of this application. An out-of-state applicant is anyone who has not lived in Alabama for the entire year immediately preceding the application. All Regional exams that fulfill the Board's standards of requirement are accepted for initial licensure.

The application process for this type of license is two-part. An application must be submitted to Professional Background Information Services (PBIS) for the purpose of Level II background verification. Please contact PBIS to obtain fee information, the application for the background report, and status of your report. PBIS will bill you for the report; you will pay them directly. PBIS will collect ALL of your official documents. Have everything the PBIS application directs you to order sent to PBIS, not to the Board. When PBIS concludes the background report it will be sent to the Board and you will be notified by email.

Due to the detailed nature of the background verification, it may take 45-90 days for PBIS to request and receive all the required documentation. When PBIS concludes the background report it will be forwarded to the Board and you will be notified. Prior to that notification please direct any questions regarding status of the background report to PBIS.

### PBIS

Professional Background Information Services

23460 N. 19<sup>th</sup> Ave., Ste 225

Phoenix, AZ 85027

Phone: (602)861-5867 Fax: (602) 861-9656

website: [www.pbisonline.com](http://www.pbisonline.com) email: [applications@pbisonline.com](mailto:applications@pbisonline.com)

The Board also requires the attached application and fee of \$250.00 (\$225.00 if postmarked by March 31, 2019). This fee is non-refundable. Include the *Declaration of Citizenship...* form located on the State License Applications page on our website.

It is also a requirement that an applicant for Licensure by Credentials successfully pass a written jurisprudence examination. This open-book exam will be sent to you after your application has been reviewed and approved by the Board.

Each application to the Board must include:

1. Typewritten or printed information
2. Notary signature and seal
3. Required *Declaration of Citizenship* form with complying documents
4. Check or money order for \$250.00 (\$225 if postmarked by March 31, 2019) made out to the Board of Dental Examiners of Alabama

Mail your complete application to:  
Board of Dental Examiners of Alabama  
5346 Stadium Trace Pkwy. Ste 112  
Hoover, Al. 35244-4583

**ALABAMA DENTAL HYGIENE LICENSURE APPLICATION**

Board of Dental Examiners of Alabama  
 5346 Stadium Trace Parkway, Suite 112  
 Hoover, Alabama 35244  
 (205) 985-7267



| ADMINISTRATIVE USE ONLY   |  |
|---------------------------|--|
| Received _____            |  |
| Accepted _____            |  |
| Returned/Incomplete _____ |  |
| Rejected _____            |  |

**APPLICATION, FEES AND ALL NECESSARY CREDENTIALS MUST BE IN THE ADMINISTRATIVE OFFICE  
 IN ORDER FOR THE APPLICATION TO BE PROCESSED**

**TYPE OR PRINT LEGIBLY USING BLACK INK.** Read carefully before answering. Each question must be answered fully, truthfully and accurately. All supporting data requested must accompany this application. If the space for any answer is insufficient, the applicant must complete the answer on a separate page, signed by him/her, specifying the number of the question, which it relates to, and enclose with this application. **DO NOT STAPLE ENCLOSURES TO THIS APPLICATION FORM.**

I hereby make application for licensure by examination, for issuance to me of a certificate of qualification as a Dental Hygienist, all in accordance with and subject to the laws of Alabama and the rules and regulations of the Board of Dental Examiner's of Alabama.

1. \_\_\_\_\_  
 (First Name) (Middle Name) (Last Name) (Social Security #)
- a) \_\_\_\_\_  
 Present Resident Address (Street, City, State & Zip Code) (Area Code & Phone #)
- b) \_\_\_\_\_  
 Office Address (Area Code & Phone #)
- c) \_\_\_\_\_  
 Preferred Mailing Address (Area Code & Phone #)

Email Address: \_\_\_\_\_

2. Have you ever been known by any other name? \_\_\_\_\_ If yes, state in full every other name by which you have been known, the reason thereof, and inclusive dates so known: \_\_\_\_\_

If change was made by court order, enclose herein a Certified Copy of such order. (If female, state maiden name if applicable)

3. Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (City) (State) (County)
- Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Color of Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Complexion \_\_\_\_\_

Hepatitis Immunizations \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ; \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OR: Titer Enclosed  
 (Enclose documentation of: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>)

CPR Certification Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Course Date for Infectious Disease Training \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please circle the appropriate response.** Except for question #1, if yes, please furnish (on separate page) a written statement. As to convictions or actions against license, include dates, name and nature of offense, identification of court or license entity and any penalty and punishment imposed.

Hygiene Licensure by Regional Exam Application for Out of State Applicants

1. Are you a United States citizen? YES NO  
 If No, explain current residential status and provide a copy of proof of immigration status.  
 If born outside the United States, provide a copy of your Driver's License and proof of United States  
 Citizenship (certification of citizenship, naturalization certificate, record of birth of citizen abroad,  
 or passport)
2. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude? YES NO
3. Have you ever been convicted of violating any federal or state laws relating to narcotics or controlled substances?  
 YES NO
4. Have you ever undergone treatment for any substance or alcohol abuse or problems? YES NO
5. Have you been afflicted with a contagious or infectious disease? (Do not list childhood diseases) YES NO
6. Have you ever taken a dental hygiene (clinical) examination given by another Board or testing agency? YES NO  
 If yes, list Board/Testing Agency, dates and status \_\_\_\_\_ Pass Fail  
 \_\_\_\_\_ Pass Fail \_\_\_\_\_ Pass Fail
7. Have you ever been refused or denied a license or permit in any state? YES NO
8. List all states in which you hold a license. \_\_\_\_\_
9. Has any action been taken against you license in any other state? YES NO
10. Is there any action pending against your license? YES NO
12. (A) I hereby give permission to the Board of Dental Examiners of Alabama to secure additional information concerning me or any  
 statement in this application from any person or any source the Board may desire. I further agree to submit to questioning  
 by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- (B) I have attached a certified check or money order made payable to the Board of Dental Examiners of Alabama.
- (C) I understand that this application in its entirety must be received in order for the jurisprudence exam to be scheduled.
- (D) I, \_\_\_\_\_, the applicant herein, state and depose that all facts, statements and  
 answers contained in this application are true and correct; I am not omitting any information which might be of value to  
 this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification,  
 omission or withholding of information of facts concerning my qualifications as an applicant shall be sufficient to bar me  
 from this or any future examination given by the Board of Dental Examiners of Alabama, and such falsifications, omissions,  
 or withholding shall serve as sufficient grounds for the suspension, cancellation or revocation of my Alabama Dental  
 Hygiene License if it is not discovered until after issuance.

\_\_\_\_\_  
 Applicant Signature

State of: \_\_\_\_\_ County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_

Who after being duly sworn by me on his/her oath that all facts, statements and answers contained in this application are true  
 and correct in every respect, and that the attached photograph is a true likeness of the applicant.

Sworn and subscribed to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which witness my  
 hand and official seal of office.

\_\_\_\_\_  
 Notary Public

SEAL

County of \_\_\_\_\_ State of \_\_\_\_\_